

State of Washington

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For Ecology Use

Application for a Water Right Please follow the attached instructions to avoid unnecessary delays. ED

Section 1. APPLICANT - PERSON, ORGANIZAT	
Name IRMA L MEINCKET Helen CALSA Mailing Address 10350 Kinder Rd NE	Home Tehi (579) 765 - 5441
Mailing Address 10350 Kinder Rd NE	Work Tel:
City MOSES LAKE StateWA Zip+498837 +/	200 FAX: (

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Name				Home Tel: ()		
Mailing Address			,	Work Tel: ()		
City	State	Zip+4	+ _	FAX: ()	
Relationship to applicant						

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The applicant requests a permit to use not more than	(a) gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (chec	k only one) for the purpose(s)
of DOMESTIC	ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel no	ımber or a plat number is not
sufficient.	
Estimate a maximum annual quantity to be used in acre-foot per year:	
Continuous multiple domestic supply Check if the water use is proposed for a short-term project. Indicate the period of the	
Check if the water use is proposed for a short-term project. Indicate the period of the	me that the water will be needed:

From/_	_/ to/	
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Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for ONE well(s). Well is in existance but may have to be dailled deeper
Source flows into (name of body of water):	Size & depth of well(s): 60' 6" CASING

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:				
						Lot	Block	Subdivision		
SE 14	SE'4	9	19	29E-	GRANT					
5	1	9	19	29	GRANT					

SEPA Exempt/Not Exempt

FERC License #

Dept. Of Health #

Date Accepted As Complete

Date Returned

ECY 040-1-14 Rev. 7/97 * * f

Appl. No.:

Sec	tion 5. CENERAL WANER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
*	
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
111111111111111111111111111111111111111	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection Apart ment (Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system?
Con	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	etion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.) Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Acres
	Use Acres
C.	Use Acres
D.	Total number of acres to be covered by this application: Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Б.	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:
E.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy cattle, see below) Dairy - # Milking # Non-milking

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Se	ction 8. WATER STORAGE		
Will	you be using a dam, dike, or other structure to retain or store water?	☐ YES	⊠ NO
poini	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or t, and some portion of the storage will be above grade, you must also apply for a reservoir permit rvoir permit application from the Department of Ecology.		
Se	ction 9. DRIVING DIRECTIONS		
Prov	ide detailed driving instructions to the project site.		
Se	ction 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
Sig	ction 11. PROPERTY OWNERSHIP		
Α.	Does the applicant own the land on which the water will be used?	⊠ YES	□NO
	If no, explain the applicant's interest in the place of use and provide the name(s) and address(es of the owner(s):)	
B.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	YES	□NO
to pi mon	tify that the information above is true and accurate to the best of my knowledge. I understand rocess my application, I grant staff from the Department of Ecology access to the site for insplitoring purposes. Even though I may have been assisted in the preparation of the above application of the Department of Ecology, all responsibility for the accuracy of the information re	pection and lication by	d the

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Applicant (or authorized representative)

Landowner for place of use (if same as applicant, write "same")

I have examined this application as required by SEPA and find that it is: I not an "action".

March 20, 1998

Date

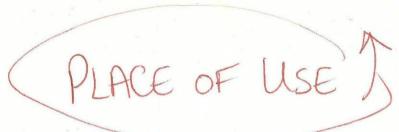
APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

IRMA MEINCKE Helen WALSH

That portion of Section 9, Township 19 North, Range 28 E.W.M., Grant County, Washington, described as follows:

Beginning at the Southeast corner of said Section 9, thence North 0°09'50" East along the East line of Section 9, a distance of 30 feet, thence North 89°35'30" West a distance of 30 feet to the true point of beginning; thence continuing North 89°35'30" West a distance of 120 feet; thence North 0°09'50" East a distance of 115 feet; thence South 89°35'30" East, a distance of 120 feet, thence South 0°09'50" West a distance of 115 feet to the true point of beginning.



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We are returning your application for the following reason	(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above (date).	and return you	r application by
Ecology staff	Date	

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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